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## \*BIBDATASHEET\*

CONFIRMATION NO. 5914

Bib Data Sheet

SERIAL NUMBER 09/049,696	FILING DATE 03/27/1998  RULE	CLASS 514	GROUP ART UNIT 1631	ATTORNEY DOCKET NO. 6067.US.O1
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APPLICANTS

PATRICIA A. BILLING-MEDEL, GURNEE, IL;  
MAURICE COHEN, HIGHLAND PARK, IL;  
TRACEY L. COLPITTS, ROUND LAKE, IL; PAULA N. FRIEDMAN, DEERFIELD, IL;  
MICHAEL R. KLASS, LIBERTYVILLE, IL;  
LISA ROBERTS-RAPP, GURNEE, IL;  
JOHN C. RUSSELL, KENOSHA, WI;  
STEPHEN D. STROUPE, LIBERTYVILLE, IL;

\*\* CONTINUING DATA \*\*\*\*\*  
*ATTORNEY This application is a CEP of SN 08/829754 filed 3/1/97, now abandoned*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 04/07/1998

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IL	9	18	12

Examiner's Signature: *[Signature]* Initials: *[Initials]*

ADDRESS  
23492  
ABBOTT LABORATORIES  
DEPT. 377 - AP6D-2  
100 ABBOTT PARK ROAD  
ABBOTT PARK, IL  
60064-6050

TITLE  
REAGENTS AND METHODS USEFUL FOR DETECTING DISEASES OF THE GASTROINTESTINAL TRACT

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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Bib Data Sheet

CONFIRMATION NO. 5914

<b>SERIAL NUMBER</b> 09/049,696	<b>FILING DATE</b> 03/27/1998 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1631	<b>ATTORNEY DOCKET NO.</b> 6067.US.O1
<b>APPLICANTS</b> PATRICIA A. BILLING-MEDEL, GURNEE, IL; MAURICE COHEN, HIGHLAND PARK, IL; TRACEY L. COLPITTS, ROUND LAKE, IL; PAULA N. FRIEDMAN, DEERFIELD, IL; MICHAEL R. KLASS, LIBERTYVILLE, IL; LISA ROBERTS-RAPP, GURNEE, IL; JOHN C. RUSSELL, KENOSHA, WI; STEPHEN D. STROUPE, LIBERTYVILLE, IL;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 08/829,754 03/31/1997 ABN				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 04/07/1998</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> IL	<b>SHEETS DRAWING</b> 9	<b>TOTAL CLAIMS</b> 18
<b>INDEPENDENT CLAIMS</b> 12				
<b>ADDRESS</b> 23492				
<b>TITLE</b> REAGENTS AND METHODS USEFUL FOR DETECTING DISEASES OF THE GASTROINTESTINAL TRACT				
<b>FILING FEE RECEIVED</b> 1658	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	